

MDCH Institutional Billing Resource

Billing Issue ¹	Applicable Provider Types	Action
Attach Documentation (Sect. 2)	Inpatient, Outpatient, LTC, Home Health, Hospice	Indicate "Documentation attached" in remarks. Brief descrip is desired, e.g. "Medical Doc/OI EOB/RA's Attached".
Individual Consideration (Sect. 6)	Outpatient Multiple visits on Same Day	Use condition code G0 (zero) when billing for multiple visits on same day, same revenue center, and visits distinct & constituted independent visits. Use quantity of 2 and include in remarks section reason/time of each visit.
	Outpatient All other IC requests	For all other requests for IC use modifier 22 only once on the claim. Must include documentation/justification for additional payment requests.
Private Room (Sect. 5)	Inpatient	Use condition code 38 (semi-private room not available) or 39 (private room medically necessary).
Readmission and Rehospitalization within 15 days or less...(Sect. 5)	Inpatient unrelated condition, same or different hospital.	Use occurrence span code 71 and indicate the prior stay from and through dates. First stay must be submitted and paid prior to submission of the second stay.
	Inpatient related condition, same hospital.	Combine the stays onto one claim. Use occurrence span code 74 and indicate the From and Through dates of the days between the admissions. Also report revenue code 180 with the claim line quantity showing the days between the admissions.
Therapeutic/LOA leave days (Sect. 5 - IPH), (Sect. 8-LTC)	Inpatient, LTC	Report occurrence span code 74 with the From and Through dates of the leave. Use revenue code 180 (IPH) or 183 (LTC) & claim line must show quantity of the leave days.
Hospital Leave Days (Sect. 8)	LTC	Report occurrence span code 74 with the From and Through dates of the leave. Use revenue code 185 and claim line must show quantity of the leave days.
Two Facilities In One Month	LTC, Inpatient	First facility must report Patient Status Code 03 - DC/transf to SNF
		Second facility must report Source of Admission 05 - transf from SNF
OI-Service not covered	Inpatient, Outpatient, LTC, Home Health, Hospice	Occurrence code 24 and date
OI Coverage terminated, benefits exhausted, or invalid insurance code on Medicaid Eligibility Card	Inpatient, Outpatient, LTC, Home Health, Hospice	Occurrence code 25 and date
Amount applied to Deductible (OI & Medicare)	Inpatient, Outpatient, LTC, Home Health, Hospice	Value Code A1, B1, C1 and amount. (Include any/all contractual adjustments and payment amounts as Prior Payments.)
Amount applied to Co-Insurance (OI & Medicare)	Inpatient, Outpatient, LTC, Home Health, Hospice	Value code A2, B2, C2 and amount. (Include any/all contractual adjustments and payment amounts as Prior Payments.)

¹ See Medicaid Provider Reference Manual - Billing and Reimbursement for Institutional Providers Chapter. (Sections noted in parentheses.)

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Reporting Contractual Adjustments	Inpatient, Outpatient, LTC, Home Health, Hospice	Electronic Billing: Report contractual adjustment amount using the appropriate adjustment reason code.
		Paper Billing: Contractual adjustment is added to the primary payer's payment and reported in Prior Payments. When working with a vendor/EOB attachment, provider is responsible for ensuring that the contractual adjustment is added to the primary payer's payment.
Medicare Part A became... (Sect.5)	Inpatient effective during stay	Occurrence code A2 and date Medicare A became effective. Non-covered days must be reflected.
	Inpatient exhausted during or prior to stay	Occurrence code A3 and date Medicare A exhausted. Non-covered days must be reflected.
Fixed Co-pay	Inpatient, Outpatient, LTC, Home Health, Hospice	Value code A7 and amount
Patient Spend-down	Outpatient, Home Health	Value code 66 and amount
Patient Pay (Sect. 5-IPH), (Sect. 8-LTC), (Sect. 11-Hospice)	Inpatient, LTC, Hospice	Value code D3 and amount
Off-Set to Patient-Pay	LTC, Hospice	Report the appropriate Off-Set value code and amount. Also report value code D3 & amt. (Patient Pay minus the off-set amount).
Dual use therapy codes - See list on provider website (Sect. 6-OPH), (Sect. 8-LTC), (Sect. 9 HH)	Outpatient, LTC, Home Health	Use modifier GO (alpha) for OT services and modifier GP for PT services. To avoid unnecessary pends/rejects series bill only one therapy type per invoice.
Auto Accident Outside State	Inpatient, Outpatient	Occurrence Code 01 Accident/Medicaid Coverage and date or occurrence code 02 No-Fault insurance involved and date

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